STATE OF DELAWARE SINGLE POINT OF CONTACT - SPOC INTERGOVERNMENTAL REVIEW OF FEDERAL PROGRAMS

Office of Management and Budget Haslet Building, 3rd Floor, Dover, Delaware 19901 (302) 739-4206

1. STATE APPLICATION IDENTIFIER:	l			Month	Davidavian	00%
S9-05-21-06		SPOC us	e ONLY	MOUNT	Reviewer	CC's
2. Applicant Project Title: The Delaware Rehabiliation Institute			oma womining to the state of th		1000 Ct 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	·
		Applicant	Division/AF			
3. Applicant Department: University of Delaware		Applicant	DIVISIONAL	· · · · · · · · · · · · · · · · · · ·	· ·	***************************************
5. Applicant Address: Hullihen Halt						·
6. Contact Person: Dr. Dan Rich, Provost	7. Cont	tact Perso	n's Phone N	lumber: (302)	831-2136	
Signature of Secretary or Agency Head (for state agencies) or Cr	ilef Administra	ator (for al	li other appl	icants)		
9. Federal Grantor Department: National Institutes of Health		Federal Sub-Agency: National Center for Research Resources				
Federal Contact Person: Willie McCullough, Ph.D.			12. Pho	one Number: (3	01) 435-0766	
3. Address: National Center for Research Resources, Democracy	y One, Room	940, 670	l Democrac	y Boulevard, Beth	esda, MD 20892-4	374
4. Federal Program Title:	15. FEDERAL CATALOG NO:					
Recovery Act limted Competition ~ Extramural Research Facilities Improvement Program (CQ6)	93		,	(CFDA)		
6. Project Description:						
The University of Delaware is requesting \$15M in support to build a at the Delaware Technology Park, will house research laboratories, a \$50M, with the remainder of the funds to be provided by other, non-	teaching and c	the Delaw onference	are Rehabili rooms, a pat	tation Institute. Th ient clinic, and inc	e new 125,000 sft lab ubator space. Total i	oratory, located budget estimate
7. Will funds be utilized for any technology initiatives?	☐ No If so	, Busines	s Case Nun	nber and brief pro		
N/A	,		·.			
8. Measurable Objectives: a. What were last year's objectives? N/A						
b. Were these objectives met? (If not, please explain why)						
c. What are this year's objectives?	**************************************		· · · · ·			

been funded: awarded? 09/01/2009 Not awarded yet - Limited N/A Competition under ARRA Recovery Act 08/31/2013 22. Source of funding for this application: **Dollars** a. Federal grant \$15,000,000 b. Other federal funds Economic Development Agency (EDA) \$5,000,000 (Specify source of funding) c. Required state contribution (Specify source of funding) d. Discretionary state contribution (Specify source of funding) e. Required local contribution (Specify source of funding) f. Other non- federal funds University of Delaware / Delaware Technology Park / Bond Bill \$30,000,000 (Specify source of funding) TOTAL \$50,000,000 Federal Other Total State 23. Budget by cost category and source: **Funds** Funds Funds Funds Salaries & Fringe Benefits Personal or Contractual Services Travel Supplies & Materials Capital Expenditures \$0 \$20,000,000 \$30,000,000 \$50,000,000 **Audit Fees** Indirect Costs Other **TOTAL** 24. How many positions are required for the project? (Exclude casual/seasonal employees) Authorized in **New Positions** Total Breakdown of position(s) State Budget Required Pald for out of federal funds Paid for out of General Funds Paid for out of state special funds Paid for out of bond/local/other funds TOTAL 25. PLEASE NOTE: On a separate piece of paper, please give position number, grade, yearly salary and percent of funding (federal, state, local, other) and the full-time equivalent for all positions required. Please identify the new positions by placing an asterisk before the position title. If this grant funds positions within other departments, divisions and/or offices, please list them. If a position has been reallocated to or from another grant please indicate the grant source.

20. How many years has this project

21. If the project was funded last year, how much federal money was

£nt Period: